

Attachment No. 3

Revised A-6 Forms



Group 1 - FORM A-6 SUBCONTRACTOR/SUPPLIER LISTING (Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

	(Milailii-Dat	de County Code Gections 2-0.1, 2-	o.o ai	iu 10-	JT)														
Name of Proposer:	FEIN:																		
In accordance with Sections 2-8.1, 2-8.8 and 10.34 of professional services which involve expenditures of \$\frac{4}{5}\$ contract shall not change or substitute first tier subcontract should enter the word "NONE" under the appropriate the state of the s	100,000 or more, and all Proposers on Contractors or direct suppliers or the portions	ounty or Public Health Trust construction of the contract work to be performed	on co	ntracts aterials	whi to b	ch in e su	volve ipplie	expend from	ditures of S those iden	\$100,000 d	or more	. The	Propo	sers	who	is a	warded	this	
In accordance with Ordinance No. 11-90, an entity of Proposer demonstrates to the County prior to award the																			
same to the County not later than ten (10) days after it										•									
	(Please dup	licate this form if additional spa	ace is	need	ded.	,		10	-	- 1									
	Principal Owner	Scope of Work to be Performed by Subcontractor/ Subconsultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)									Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
Business Name and Address of First Tier			Gender			Race/Ethnicity						nder	1	icity					
Subcontractor/ Subconsultant			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/	Native Alaskan Other	
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	Principal Owner	Supplies/Materials/Services to be Provided by Supplier	Principal Owner (Enter the number of male and female owners race/ethnicity)							ners by	Employee(s) by (Enter the number of male and female employees and the number of employee by race/ethnicity)								
B : N			Ge	Race/Ethnicity						Ger	nder	Race/Ethnicity							
Business Name and Address of First Tier Direct Supplier								T 1										\Box	
Supplier			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/	Native Alaskar	
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Mark here if race, gender and ethnicity inform and Economic Resources Department at http:			tted t	o contr	actir	ng de	partn	nent or	on-line to t	the Small E	Busines	s Deve	lopme	ent D	ivisio	on, R	_ ∍gulato	ry	
I certify that the representations contained in this	Subcontractor/Supplier listing are to the best o	f my knowledge true and accurate.																	
Signature of Proposer	Print Name																		



Group 2 - FORM A-6 SUBCONTRACTOR/SUPPLIER LISTING (Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

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In accordance with Ordinance No. 11-90, an entity of																					
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same to the County not later than ten (10) days after		plicate this form if additional sp	aca i	noo.	hah	١															
	(Please du	plicate this form if additional sp	Principal Owner (Enter the number of male and female owners by race/ethnicity)									Employee(s) (Enter the number of male and fema employees and the number of employ by race/ethnicity)									
Business Name and Address of First Tier		Scope of Work to be Performed	Ge	nder			ı	Race/E	thnicity	city Gender Race/Ethnicity						•					
Subcontractor/ Subconsultant	Principal Owner	by Subcontractor/ Subconsultant	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	М	F	White	Black	Hispanic	Asian/Pacific	Native American/	Native Alaskan			
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			Principal Owner (Enter the number of male and female owners by race/ethnicity)								Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)										
			Ge	nder	Race/Ethnicity						Gender			Race/Ethnicity							
Business Name and Address of First Tier Direct Supplier	Principal Owner	Supplies/Materials/Services to be Provided by Supplier	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	М	F	White	Black	Hispanic	Asian/Pacific	Native American/	Native Alaskan			
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Mark here if race, gender and ethnicity inform and Economic Resources Department at http	://new.miamidade.gov/business/business-	development.asp	tted to	o cont	ractir	ng de	partn	nent or	on-line to t	the Small E	Busines	s Deve	lopme	ent D	ivisi	on, R	egulato	ory			
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same to the County not later than ten (10) days after it	becomes available and, in any event, pric	or to final payment under the contract. plicate this form if additional spa			مامما	,														
	(Flease du	plicate this form if additional spa	ace is	s nee	ueu.		rincin	al Own	or .				Fr	nnlo	veels					
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Business Name and Address of First Tier		Scope of Work to be Performed	Ge	ender Race/Eth					thnicity		Gender		İ	icity						
Subcontractor/ Subconsultant	Principal Owner	by Subcontractor/ Subconsultant	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	М	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/	e Alaskan		
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Business Name and Address of First Tier Direct Supplier	Principal Owner	Supplies/Materials/Services to be Provided by Supplier						ပ္	E							ပ္		æ		
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